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# *Continued Health Care Benefit Program*

*Protecting you and your family*



**HUMANA MILITARY**  
HEALTHCARE SERVICES



## ***Before You Go Any Further ...***

*If you have lost your military health care coverage or if you will lose it soon, the Continued Health Care Benefit Program (CHCBP) can protect you in the interim between military health benefits and civilian health care. Following the loss of entitlement to military medical benefits, you may apply for temporary, transitional medical coverage under CHCBP.*

*CHCBP is a congressionally mandated and government-sponsored health plan that provides temporary continuation of your health benefits under the Military Health System. As a premium-based health care program, CHCBP provides medical coverage for certain former uniformed services beneficiaries. CHCBP benefits are similar to the coverage provided under TRICARE Standard. However, CHCBP is not part of TRICARE.*

*Humana Military Healthcare Services, Inc. administers CHCBP and is responsible for verification of health plan eligibility, collection of health plan premiums, enrollment into CHCBP, and disenrollment in the event of eligibility expiration or non-payment of premium. Humana Military is also responsible for providing members and prospective members basic information about CHCBP.*

*Please note that you are not required to purchase CHCBP health care coverage. Participation in the CHCBP program is completely **optional**. However, enrollment in CHCBP may be your best option for temporary health care coverage.*





Dear Beneficiary:

Despite your recent separation from a uniformed services branch and/or loss of military benefits, Congress has provided you an option for continued health care coverage.

The Continued Health Care Benefit Program (CHCBP) is a temporary health care program designed to protect you and your family between your loss of military health benefits and the time it takes you to obtain civilian health insurance. CHCBP is only available to former members of the military and their eligible family members.

CHCBP coverage up to 18 months is available to separating service members and their families. It is also available up to 36 months to unremarried former spouses and adult children who lose military benefits.

Health care coverage under the CHCBP mirrors the TRICARE Standard program, however, CHCBP is not a TRICARE program. Prior to making a decision regarding CHCBP, we encourage you to contact a TRICARE Service Center (TSC) to ask specific questions regarding TRICARE Standard coverage. You may also contact Humana Military Healthcare Services at 1-800-444-5445 for additional information regarding CHCBP or visit our Web site at [www.humana-military.com](http://www.humana-military.com).

Sincerely yours,

A handwritten signature in cursive script that reads "David Baker".

David J. Baker

President and CEO

## ***Some Important Words of Caution***

*This booklet provides a summary of the Continued Health Care Benefit Program (CHCBP) and CHCBP policy as set forth in the TRICARE Policy Manual. Because medical benefits under this program are similar to TRICARE Standard benefits, and because CHCBP operates under most of the rules and procedures of the TRICARE Program, reference is made from time to time in this booklet to content contained in the TRICARE Beneficiary Handbook. Both are provided to you at time of enrollment or you may request this from Humana Military.*

*However, it is important to note that these materials may not cover all of the details and special rules governing CHCBP or TRICARE. Moreover, certain rules may change over time. Therefore, if after reviewing the information contained in these materials, you have additional questions about benefits, financial responsibility, or claims procedures, please contact Humana Military at 1-800-444-5445 or visit the Humana Military Web site at [www.humana-military.com](http://www.humana-military.com).*

*For example, a physician's (military or civilian) recommendation for a specific medical procedure or service does not address whether or not your CHCBP coverage will pay the medical bill. You—and not your physician—are responsible for determining CHCBP coverage and you must do so **before** receiving medical care or supplies. If you are uncertain about what CHCBP covers, immediately contact Humana Military at 1-800-444-5445.*

### **Remember ...**

**Applicable Federal law and TRICARE regulations are the final word on any issue or dispute. If there is any difference between this booklet or what anybody tells you (including physicians) and the law and regulation, it's the law and regulation that count legally.**

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# CHCBP Plan Summary

Implementation of CHCBP was directed by Congress in order to provide a program of temporary continued health care benefits comparable to the continued health care benefits provided for former civilian employees of the Federal government. Medical benefits under CHCBP are similar to the benefits under TRICARE Standard. CHCBP functions under most of the rules and regulations governing TRICARE.

CHCBP acts as a “bridge” between your military health benefits and your new job’s medical benefits, so you and your family will receive continuous medical coverage. It is a health care program intended to provide you with continuous health care coverage on a temporary basis following your loss of military benefits.

Once again, you are not required to purchase this health care coverage. Participation in the CHCBP program is completely **optional**.

However, enrollment in CHCBP may be your best option for temporary health care coverage.



## **Who Is Eligible? For How Long?**

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There are four classifications of persons eligible to enroll in CHCBP:

### **1. Former active duty service members and their eligible family members.**

- Who are released or discharged from active duty under other than adverse conditions
- Who were entitled to medical care under a military health plan
- Who are not eligible for any benefits under TRICARE or Transitional Assistance Management Program (TAMP)

*Note: Eligibility in CHCBP begins after TAMP expires.*

**Coverage for former active duty service members and their eligible family members under CHCBP is limited to 18 months.**

### **2. Unremarried former spouses**

- Who, on the day **before** the date of the final decree of divorce, dissolution, or annulment, were covered under TRICARE or TAMP as dependents of a member or former member
- Who are not eligible for TRICARE as a former spouse of a member or former member of the uniformed services

**Coverage for unremarried former spouses under CHCBP is limited to 36 months.**

### **3. Emancipated children**

- Who cease to meet requirements for being considered an unmarried dependent child of a member or former member of the uniformed services
- Who, on the day **before** ceasing to meet those requirements, were covered under TRICARE or TAMP as dependents of a member or former member of the uniformed services
- Who would not otherwise be eligible for any benefits under TRICARE

**Coverage for emancipated children under CHCBP is limited to 36 months.**

#### **4. Unmarried children by adoption or legal custody**

- Who meet the requirements set forth in CHCBP Policy, Section A.4 (of this booklet)

***Coverage for unmarried children by adoption or legal custody under CHCBP is limited to 36 months.***

### **What Are the Enrollment Categories?**

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CHCBP enrollment must be in either one of two membership categories:

- Individual coverage
- Family coverage

Individual coverage is limited to three specific classifications:

- Former member of the uniformed services
- Unremarried former spouse
- Emancipated children (adult child)

Family coverage is only available to the former member of the uniformed services who wishes to also enroll his or her family members as well.

## **May an Enrollment Category Be Changed?**

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Enrollment changes from individual coverage to family coverage may only be made when one or more of the following qualifying events has occurred:

- 1) Birth of a child
- 2) Marriage of the sponsor
- 3) Legal adoption of a child
- 4) Placement by a court of a child as a legal ward in the beneficiary's home

If one of these four qualifying events has occurred, you can elect to change enrollment from individual to family coverage, effective from the date of the qualifying event. You also must then begin to pay the family premium rate effective the date of the qualifying event. If the qualifying event occurred after initial enrollment in the CHCBP, you must send a written request with supporting documentation to Humana Military no later than 60 days from the qualifying event.

You may make enrollment changes from family coverage to individual coverage at any time by notifying Humana Military in writing at the following address:

Humana Military Healthcare Services, Inc.  
ATTN: CHCBP  
P.O. Box 740072  
Louisville, KY 40201

## How Is Coverage Renewed?

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A renewal notice will be sent to you 30 days **prior** to the expiration of your current coverage period. Renewal premiums should be paid prior to the last date of coverage printed on the renewal notice and your CHCBP enrollment card.

Payment postmarked **later than 30 days** after the last date of coverage will result in **termination of CHCBP benefits and permanent loss of entitlement to purchase CHCBP coverage again.**

## May Premiums Be Refunded?

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Refunds of premiums are granted only for two conditions:

- 1) Enrollee is no longer eligible for CHCBP.

For example, a former active duty member recalled to active duty, or a former spouse who remarries.

- 2) In the event a written refund request regarding a prepaid premium is received by Humana Military before the effective date of the CHCBP policy.

For example, a former active duty member enrolls and prepays for family member coverage. The CHCBP coverage will begin on July 1<sup>st</sup>. Before the CHCBP coverage goes into effect, the former active duty member obtains employment and receives employer-sponsored health insurance. The CHCBP coverage is no longer needed. As long as the written refund request is received by Humana Military before July 1<sup>st</sup>, the prepaid premium will be refunded in full.

Refunds for Category 1 are prorated from the date of loss of eligibility for program benefits to the last day of the enrollment period for which the premium has been paid.



# CHCBP Plan Benefits

Benefits under CHCBP are virtually the same as those under the TRICARE Standard program. This will include most care that is medically necessary and is not considered investigational or experimental.

## **Remember ...**

**Special rules or limits apply to certain types of care, and some care you may be considering may not be covered at all. If you are uncertain whether you have benefits, please take the time to obtain complete information by calling Humana Military at 1-800-444-5445 before you incur medical expenses.**

## **What's Covered?**

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A broad discussion of what benefits are covered, what benefits have special rules or limits, and what benefits are not covered can be found in the TRICARE Beneficiary Handbook. More detailed information about TRICARE-covered services is available on the TRICARE Web site at [www.tricare.osd.mil](http://www.tricare.osd.mil). If you are unable to find the information you need or if you are uncertain about the meaning of statements made in the handbook or online, you may contact Humana Military for further clarification.

If you purchase this conversion health care plan, CHCBP may entitle you to coverage for preexisting conditions not covered by a new employer's benefit plan.

## **Where to Get Care**

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A "provider" is the person, business, or institution that provides health care. For example, a doctor is a provider. A hospital is a provider. An ambulance company is a provider. There are many other types of providers.

**Remember ...**

**CHCBP can help pay for covered services, but only from TRICARE-authorized providers.**

In addition to “provider type” being authorized, individual providers must also be certified by TRICARE. This usually means the providers are licensed in their state, and are TRICARE certified. **If a provider is not certified, CHCBP cannot help pay for care from that provider.** Most hospitals and many physicians are already authorized by TRICARE, but it is a good idea to check first. The hospital’s physicians referral service agrees to accept the TRICARE allowable charge as payment in full. Check with Humana Military if you are unsure if your provider is TRICARE-authorized.

**Remember ...**

**CHCBP enrollees *may not utilize* Department of Defense (DoD) military treatment facilities (MTFs) except on an emergency basis. Nonemergency care at an MTF is not authorized.**

**Participating Providers Save You Money**  
.....

Providers who “participate” (or accept assignment) in TRICARE agree to accept the TRICARE allowable charge as their full fee for your care. Therefore, after you have met your annual deductible, your CHCBP benefit will be based only on the allowable charge—no matter what the provider actually bills you. So with providers who participate in TRICARE and accept the allowable charge as full payment, you pay only your cost-share on the allowable charge for CHCBP covered care and for charges for any care you received not covered by CHCBP.

## Remember ...

Providers who *do not* participate will bill you for their normal charges. The law says that their normal charges may be up to 15 percent more than the TRICARE allowable charge. That means you pay your cost-share *and* you pay any difference between the allowable charge and the actual bill, up to the legal billing limit—15 percent above the TRICARE allowable charge.

## **What Providers Participate in TRICARE?**

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Before getting care, call and ask if the provider participates (or will participate) in TRICARE. Be sure they understand that by “participating in TRICARE Standard,” they are agreeing to accept the TRICARE allowable charge as their **full** fee for your care. If the provider isn’t familiar with TRICARE or has any questions, they may call Humana Military at 1-800-444-5445.

## **How Much Additional Cost Is There?**

.....

When you receive medical care, you will be responsible for payment of certain deductible and cost-sharing amounts related to covered services. These amounts are based on the status of the sponsor (e.g., active duty or retiree) at the time of enrollment. For general information concerning the amounts you will be required to pay for covered services, refer to the *TRICARE Beneficiary Handbook* or visit the TRICARE Web site at [www.tricare.osd.mil](http://www.tricare.osd.mil).

## Remember ...

**Under CHCBP, it is your responsibility to arrange to pay the provider your share of the bills. Sometimes the provider may ask that you pay part or even all of your share before you receive care.**

## **How Do I File a Claim?**

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Humana Military has partnered with PGBA, LLC (PGBA) for processing CHCBP claims. Enrollees may request the provider to file medical claims on their behalf. If the provider does not file the claim, you will have to do so. Attach a copy of the CHCBP enrollment card to the claim. For questions about CHCBP claims, you or your provider may call 1-800-403-3950 or visit the PGBA Web site at [www.mytricare.com](http://www.mytricare.com).



# CHCBP Policy

## A. Eligibility

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Enrollment in the CHCBP is open to the following individuals regardless of their place of residence (e.g., overseas or in the United States):

1. Members of the uniformed services who:
  - a. Are discharged or released from active duty (or full-time National Guard duty), whether voluntarily or involuntarily, under other than adverse conditions;
  - b. Immediately preceding that discharge or release, were entitled to medical and dental care under a military health care plan—including transitional health care under the Transitional Assistance Management Program (TAMP).
  - c. After that discharge or release and any period of transitional health care provided under TAMP would not otherwise be eligible for any benefit under TRICARE; and
2. A person who:
  - a. Ceases to meet requirements for being considered an unmarried dependent child of a member or former member of the uniformed services.
  - b. On the day before ceasing to meet those requirements, was covered under TRICARE or TAMP as a dependent of the member or former member; and
  - c. Would not otherwise be eligible for any benefits under TRICARE.

3. A person who:
  - a. Is an unremarried former spouse of a member or former member of the uniformed services (for purposes of this program, there is no time requirement regarding the length of time the former spouse was married to the member or former member);
  - b. On the day before the date of the final decree of divorce, dissolution, or annulment was covered under a health plan under TRICARE or TAMP as a dependent of the member or former member; and
  - c. Is not eligible for TRICARE as a former spouse of a member or former member.
4. An unmarried person who:
  - a. Is placed in the legal custody of a member or former member as a result of a court order or by an adoption agency recognized by the Secretary of Defense; and
  - b. Meets A.4.b(1), (2) or (3) below:
    - (1) Has not attained the age of 21;
    - (2) Has not attained the age of 23 and is enrolled in a full-time course of study at an institution of higher learning; or
    - (3) Is incapable of self-support because of mental or physical incapacity. This incapacity must have occurred while the person was considered a dependent of the member or former member under A.4.b.(1) or (2) above; and

- c. Is the dependent of the member or former member for over half of the person's support; and
- d. Resides with the member or former member unless separated by the necessity of military service or to receive institutional care as a result of disability or incapacitation; and
- e. Is no longer a dependent of a member or former member under any other subparagraph.



## **B. Notification of Eligibility**

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1. The Department of Defense and the other uniformed services (e.g., National Oceanic and Atmospheric Administration (NOAA), Public Health Service (PHS), and the Coast Guard) will publish information regarding eligibility for health benefits under the CHCBP via brochures, newsletters, military-related publications, etc.
2. In the case of a member who becomes (or will become) eligible for continued coverage, the Department of Defense and the other uniformed services shall notify the member of their rights for coverage as a part of pre-separation counseling.
3. In the case of a child of a member or former member who becomes eligible for continued coverage;
  - a. The member or former member should submit to Humana Military a notice of the child's change in status (including the child's name, address, and other such information needed);  
and
  - b. Within 14 days after receiving such information, Humana Military will inform the child of the child's right under CHCBP.
4. In the case of a former spouse of a member or former member who becomes eligible for continued coverage, Humana Military will notify the former spouse of eligibility for CHCBP when Humana Military is advised that the former spouse has declared the change in marital status to a military personnel office.

5. In the case of a dependent who is placed in the legal custody of a member or former member;
  - a. The member or former member may submit a notice of the dependent's status (including the dependent's name, address, date placed in legal custody, and such other information needed); to Humana Military; and
  - b. Within 14 days after receiving such information, Humana Military will inform the member or former member of the dependent's rights under the CHCBP.

### **C. Election of Coverage**

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1. In order to obtain continued coverage, written election by an eligible beneficiary must be submitted to Humana Military before the end of the 60-day period beginning on the later of:
  - a. Date of discharge or release from active duty or full-time National Guard duty;
  - b. The date on which the period of transitional health care applicable to the member under TAMP ends;
  - c. The day after TRICARE coverage for former spouses ends;
  - d. The day after the date the beneficiary loses eligibility for care under the Military Health System;

- e. The date the member receives the notification of eligibility. This date will correspond to the date of brochures, newsletters, etc., of which the beneficiaries are expected to be aware;
  - f. The date the dependent is placed in the legal custody of a member or former member.
2. A member of the uniformed services who is eligible for enrollment may elect self-only or family coverage. Family members who may be included in such family coverage are the spouse and children of the member.



## **D. Enrollment**

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1. General. In order to enroll in the CHCBP, an eligible individual must submit an application to Humana Military. The address for Humana Military will be extensively publicized and is available through TRICARE Service Centers, DoD transition offices, medical military treatment facilities (MTFs), other DoD entities and Uniformed Services which provide information regarding TRICARE.
2. Application. A CHCBP enrollment application form (DD Form 2837) can be found at [www.humana-military.com](http://www.humana-military.com) or by calling 1-800-444-5445. The applicant must submit the documentation requested on the enrollment form to verify the applicant's eligibility for enrollment into CHCBP.
  - a. The application must also include payment for the premium for the first quarter (three months) coverage under the CHCBP. Payment must be by check or money order made out to "The Treasury of the United States." The exact amount of the premium will be available from Humana Military or wherever the applicant obtains information regarding the CHCBP and/or Humana Military.
3. Enrollment Determinations.
  - a. Verification of Enrollment. Once eligibility for the CHCBP has been verified by Humana Military, Humana Military will make the appropriate entries in DEERS and will notify the applicant of the enrollment denial or approval by providing each eligible enrollee with a CHCBP identification card.

- b. Disputes Regarding Enrollment. Determination of a person's eligibility as a CHCBP beneficiary is the responsibility of Humana Military. Disputed questions of fact concerning a beneficiary's eligibility will not be considered an appealable issue, but must be resolved with the appropriate uniformed service.
4. Disenrollment in Other Programs. In order to be eligible to enroll in the CHCBP, the beneficiary will be disenrolled from any other managed care programs established or operated under the auspices of the DoD. This will require no action on the beneficiary's part. Once Humana Military has received an application to, and determines eligibility for, the CHCBP, it will notify the managed care program to disenroll the beneficiary.



## **E. Period of Coverage**

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1. Limits on Coverage Periods. Coverage under the CHCBP varies depending on the category of beneficiary as described below.
  - a. Members discharged or released from active duty or full-time National Guard duty.
    - (1) For any member discharged or released from active duty or full-time National Guard duty, whether voluntarily or involuntarily, coverage under the CHCBP is limited to 18 months from the date the member was first eligible for the CHCBP. That first date of eligibility is either the date the member first ceases to be entitled to care under a military health care plan as an active duty member or the date the member first ceases to be eligible for care under the TAMP, whichever is later.
    - (2) If a separated active duty member who was enrolled in CHCBP returns to active duty, enrollment in CHCBP will end. At that time, Humana Military will refund any portion of the member's previously paid premium for any days after CHCBP enrollment ends. If the member subsequently separates from active duty again and re-enrolls in CHCBP, the member's period of coverage in CHCBP shall be a full eighteen months beginning the date of the most recent separation.
  - b. Unmarried dependent child. For an unmarried dependent child of a member or former member, coverage under the CHCBP is limited to 36 months from the date on which the person first ceases to meet the requirements for being considered an unmarried dependent child. However, if the person ceases to meet the requirements for being considered an unmarried dependent child during a period of continued

coverage of the member for self and dependents, the person's coverage under the CHCBP ends 36 months after the date the member became ineligible for medical and dental care under a military health care plan as an active duty member or the date the member first ceases to be eligible for care under TAMP, whichever is later.

c. Unremarried former spouse:

- (1) For an unremarried former spouse of a member or former member, the coverage under the CHCBP is limited to 36 months after the later of:
  - (a) The date on which the final decree of divorce, dissolution, or annulment occurs;
  - (b) The date which is one year after the date of the divorce, dissolution, or annulment, if the former spouse is eligible for one-year transitional coverage under TRICARE; or
  - (c) The date the member became ineligible for medical and dental care under a military health care plan as an active duty member or the date the member first ceases to be eligible for care under TAMP, whichever is later, if the former spouse first meets the requirements for being considered an unremarried former spouse during a period of continual coverage of the member for self and dependents.
- (2) The limitations for an unremarried former spouse do not apply and the length of coverage can be for an unlimited period of time, if the former spouse:
  - (a) Has not remarried before the age of 55;

- (b) Was enrolled in the CHCBP or TRICARE as the dependent of an involuntary separated member during the 18-month period before the date of the divorce, dissolution, or annulment; and
  - (c) Is receiving any portion of the retired or retainer pay of the member or former member, or an annuity based on the retired or retainer pay of the member; or
  - (d) Has a court order for payment of any portion of the retired or retainer pay; or
  - (e) Has a written agreement (whether voluntary or pursuant to a court order) which provides for an election by the member or former member to provide an annuity to the former spouse.
- (3) If an unremarried former spouse who is enrolled in the CHCBP subsequently remarries, enrollment in CHCBP will end as of the date of the marriage. Humana Military will refund any portion of the former spouse's previously paid premium for any days after CHCBP enrollment ends. Regardless of the period of coverage used by the former spouse, remarriage results in loss of all further eligibility for CHCBP coverage unless future eligibility can be subsequently established.
- d. Dependent placed in the legal custody of a member or former member. For a dependent who is placed in legal custody of a member or former member, coverage under CHCBP is limited to 36 months from the date on which the person was formally placed in legal custody. If the dependent ceases to meet the eligibility criteria prior to the expiration of the 36 months (e.g., is removed from legal custody of the

member or former member), eligibility will end as of the date the dependent no longer meets the criteria.

2. Beginning of Enrollment. Although beneficiaries have 60 days to enroll in the CHCBP (as previously described in section C) the period of coverage must begin on the day after entitlement to a military health care plan (including transitional health care under TAMP) ends, but no earlier than October 1, 1994.

## **F. CHCBP Administration**

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1. General. Except as provided below, all basic TRICARE benefits and procedures apply to the CHCBP. In addition, any DoD-sponsored preferred provider organization program which provides for reduced cost sharing, etc., such as the TRICARE Extra option is also available to CHCBP beneficiaries.
2. Exceptions:
  - a. Nonavailability Statements and Use of MTFs.
    - (1) Since CHCBP beneficiaries pay premiums for coverage and since they must have lost their eligibility for all other DoD health care benefits in order to be eligible for the CHCBP, there is no requirement that they use any medical facility of the uniformed services or that they obtain a nonavailability statement.
    - (2) CHCBP beneficiaries cannot normally receive treatment in an MTF except due to an emergency situation. When this occurs, payment may be made to the MTF since it meets all of the requirements of an authorized provider.

b. Beneficiary Liability.

- (1) For purposes of CHCBP deductible and cost sharing requirements, and catastrophic CAP limits, amounts applicable to the category of beneficiary (active duty or retired) to which the CHCBP enrollee's sponsor last belonged shall continue to apply. Because separating active duty members were not eligible for TRICARE, amounts applicable to dependents of active duty members shall apply to this category of enrollee.
- (2) Active duty dependent or active duty family member cost-shares shall apply to emancipated children and dependents placed in legal custody whose sponsor is an active duty member at the time of enrollment. If the sponsor retires during the period of enrollment of the emancipated child or dependent placed in legal custody, retirees' cost-shares shall apply to the enrollee as of the date of retirement of the sponsor.
- (3) Former spouses of active duty sponsors are responsible for active duty dependent or active duty family member cost-shares; former spouses of retired sponsors are responsible for retiree cost-shares just as they are under TRICARE.
- (4) Deductible and cost-sharing amounts for the CHCBP must be met independent of TRICARE deductible and cost-sharing amounts. Any deductible and cost-sharing amounts previously paid under TRICARE cannot be carried over to the CHCBP.

## **G. Premiums**

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### 1. Rates

- a. General. Premium rates are established by the Assistant Secretary of Defense (Health Affairs) for two rate groups—individual and family. The rates are based on Federal Employee Health Benefit Program employee and agency contributions which would be required for a comparable health benefits plan, plus an administrative fee. The administrative fee, which is not to exceed ten percent of the basic premium amount, is determined based on actual expected administrative costs for administration of the CHCBP. The premium rates may be updated annually and will be published when updated. The rates are also available from Humana Military.
- b. Rate Groups. Members discharged or released from active duty or full-time National Guard duty must select their rate group at the time they enroll—either individual or family. (All other CHCBP enrollees must select the individual option.)
- c. Changing Rate Groups. Only the former service member is eligible to change rate groups.
  - (1) Family to Individual. After enrollment, the sponsor may change from family to individual at any time by notifying Humana Military in writing.
  - (2) Individual to Family. Changes from individual to family may not be made by the sponsor except when one of the following qualifying events has occurred:
    - (a) Birth of a child
    - (b) Marriage of the beneficiary

- (c) Legal adoption of a child
  - (d) Placement by a court of a child as a legal ward in the service member's home
- (3) If one of the above qualifying events has occurred, the sponsor can change his/her enrollment from individual to family, effective as of the date of the qualifying event, if:
- (a) The qualifying event occurred after the beneficiary's enrollment in the CHCBP;
  - (b) The beneficiary sends a written request to Humana Military no later than sixty days from the date of the qualifying event (date of birth, date of marriage, etc.);
  - (c) The written request includes documentation of the qualifying event (a copy of the birth certificate, etc.) and the necessary additional premium. Premiums are to be prorated based on the days of each type of coverage.

#### (4) Payments

- (a) Frequency. Premiums are to be paid quarterly by check, money order, or credit card to Humana Military. Payment must be made no later than 30 days after the start of the quarter.
- (b) Failure to Make Payments. Failure by enrollees to make a premium payment will result in denial of continued enrollment in the CHCBP and denial of payment of medical claims for services provided on or after the first day of the quarter for which the premium payment was not paid. Beneficiaries denied continued enrollment due to lack of premium payments will not be allowed to re-enroll.

Humana Military Healthcare Services, Inc.  
Attn: CHGBP  
P.O. Box 740072  
Louisville, KY 40201

